

Program Summary **Department of Health Services** **Vaccines**

Program Overview

Administered by the Public Health Program within the Department of Health Services, the state's Vaccines program provides for the purchase of vaccines from the federal government for the Arizona Immunization Program (AIP). AIP provides vaccines to children whose private insurance coverage does not cover the cost of vaccinations and who are not eligible for the federal Vaccines for Children (VFC) program.

The Federal VFC program provides vaccines for children who are enrolled in Medicaid, uninsured, Native American or Alaskan Natives, and some underinsured who receive health services at federally qualified health centers. The Federal Immunization Grant Program (Section 317) provides additional vaccines for individuals who are not eligible for VFC but are underinsured.

Section 317 provides vaccines through 2 routes: Direct Assistance (DA) and Financial Assistance (FA). The VFC program is also a DA program. Through DA, the state receives the actual vaccines in lieu of funding, while FA provides funds to the state for the purchase of vaccine doses that are for rare conditions.

Based on information provided by the Centers for Disease Control and Prevention (CDC), DHS estimates that the Federal Section 317 grant only provides for approximately 50% of the needed vaccine doses in Arizona. The Vaccines program contributes funds to provide vaccines for the remaining need. The funds are designed to eliminate any cost barrier to the parents of children receiving the vaccinations.

DHS does not directly provide the shots but rather distributes vaccines to providers who in turn administer the shots to eligible children. Any provider who vaccinates children less than 19 years of age and serves Medicaid, uninsured, Native American or Alaskan Natives, or underinsured can enroll to participate in the program. Providers are required to screen parents of the children and determine whether their private insurance will cover the cost or if they are eligible for the federally provided vaccines. DHS periodically performs chart audits to ensure that participating providers are administering the doses to the appropriate population.

Program Funding

The Vaccines program has 3 sources of funding: the state's General Fund, Federal Section 317 grants, and the federal VFC program. In FY 2006, the program is funded at \$59.1 million. The FY 2006 funding level represents a 139% increase over the FY 2001 level of \$24.7 million (see *Table 1* below for funding history). Federal Funds are distributed on a calendar year basis.

Table 1

Vaccines Funding History			
<u>Fund</u>	<u>FY 2001</u> ^{1/}	<u>FY 2005</u>	<u>FY 2006</u> (estimate)
GF	\$1,974,200	\$3,784,300	\$3,784,300
317 (DA)	1,002,897	2,692,995	2,892,433
317 (FA)	0	383,682	50,200
VFC	<u>21,800,274</u>	<u>24,766,977</u>	<u>52,403,715</u>
Totals	\$24,777,371	\$31,627,954 ^{2/}	\$59,130,648

^{1/} All federal monies represent total calendar year funds, but have been added to the fiscal year GF amounts.
^{2/} Federal Funds for FY 2005 only represent funding through July 2005.

The dramatic increase in funding from FY 2001 to FY 2006 was the result of 4 new federally recommended vaccines and for projected shortfalls in Federal Section 317 funding. The program has typically provided all vaccines recommended for children by the Advisory Committee on Immunization Practices (ACIP). Currently, there are 14 diseases that vaccines are provided for. ACIP added the Hepatitis A vaccine for children ages 6-18 (Hepatitis A vaccines were already provided to children under age 6) and a pneumococcal vaccine for children under age 5 to the list of federally recommended vaccines in 2002. In 2005, ACIP also recommended vaccines be provided for meningococcal and pertussis. As a result, an increase in Federal funding is expected in the second half of 2005 and for 2006.

Performance Measures

Table 2 includes the measures DHS uses to assess the performance of the State Immunization Program and are applicable to the population that is served by the

Vaccines program. There are no performance measures that are solely dedicated to the Vaccines program. The only performance measure included in the General Appropriation Act is the immunization rate among 2-year-old children.

The measures listed in *Table 2* are useful because they are outcome measures. However, the results are limited in the application to the Vaccines program, VFC, and Section 317 grants because they measure the aggregate of immunizations in the state, not just the population receiving vaccines from state or federal monies.

There are performance measures that could be implemented to provide the Legislature more information on how the state monies provide for the needed vaccines. Currently, DHS estimates approximately 50% of the children who need financial assistance for vaccines are not covered by the federal programs. DHS should consider tracking a similar measure that would assess what the need is for vaccines funded by the state. An estimate of the percentage of underinsured children who are not covered by the federal programs or a percentage of underinsured served by state monies would provide valuable information. Either measure would help determine the number vaccines needed and whether or not the current level of funding is appropriate.

One process related measure could be the percentage of children that are screened for eligibility to receive vaccines. A footnote in the General Appropriation Act requires that DHS screen recipients for private insurance coverage, eligibility for the federal Vaccines for Children program, and eligibility for the AHCCCS program before receiving an inoculation. This measure could allow the Legislature and DHS to see whether or not providers are using the vaccines in the appropriate way. This measure may be easy to implement because the Immunization Program currently conducts visits to providers and reviews medical charts to assure compliance to protocol, the findings from those visits could be tracked and assess if the vaccines provided for by state money are being used appropriately.

Currently, DHS only tracks the number of vaccinations doses distributed but does not know how many children actually receive immunizations. Another process measure would be valuable for this program is how many children are actually immunized with the monies provided through the Vaccines Special Line Item would show the actual outcome of the state provided vaccines.

Table 2		
State Immunization Program		
Performance Measures		
<u>Performance Measure</u>	<u>FY 2004 Actual</u>	<u>FY 2006 Estimate</u>
Immunization rate among 2-year-old children	79	81
Percent of children in compliance with ADHS prescribed vaccination levels at Licensed Child Care Facilities (CCFs)	95	95
Percent of Kindergarten children in compliance with ADHS prescribed vaccination levels	96	95
Percent of adolescents (7 th grade) in compliance with ADHS prescribed vaccination levels	91	90
Percent of county health departments in compliance	100	100